

Your Name: \_\_\_\_\_  
 Your Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 In this case I am ☐ PAYING ☐ RECEIVING money.  
 In this case I am ☐ representing self ☐ have a lawyer  
 Lawyer, Name & Bar No.: \_\_\_\_\_

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

\_\_\_\_\_  
**Petitioner**

Case No. \_\_\_\_\_

ATLAS No. \_\_\_\_\_

\_\_\_\_\_  
**Respondent**

### AFFIDAVIT OF DIRECT PAYMENTS

	YEAR	YEAR	YEAR	YEAR
(Insert year)				
January	\$	\$	\$	\$
February	\$	\$	\$	\$
March	\$	\$	\$	\$
April	\$	\$	\$	\$
May	\$	\$	\$	\$
June	\$	\$	\$	\$
July	\$	\$	\$	\$
August	\$	\$	\$	\$
September	\$	\$	\$	\$
October	\$	\$	\$	\$
November	\$	\$	\$	\$
December	\$	\$	\$	\$

By signing this document I state under penalty of perjury that I made the following payments directly to the person ordered to receive the payments or I received the following payments directly from the person ordered to make the payments. These payments were not made through the Support Payment Clearinghouse or the Clerk of the Court.

\_\_\_\_\_  
**Signature of Person Receiving Payments**

and/or

\_\_\_\_\_  
**Signature of Person Making Payments**

**Affirmed before me on:**

**Affirmed before me on:**

\_\_\_\_\_  
**Deputy Clerk of Court or Notary Public**

\_\_\_\_\_  
**Deputy Clerk of Court or Notary Public**

**My Commission Expires/Seal:**

**My Commission Expires/Seal:**